



MISSOURI DEPARTMENT OF REVENUE
WITHHOLDING TAX JOB TRAINING PROGRAM
**AUTHORIZATION FOR RELEASE OF
CONFIDENTIAL INFORMATION**

FORM
4096
(REV. 9-2005)

I, _____, the undersigned principal, who is an officer authorized to sign for the corporation, or is the owner of the business, identified by Missouri Tax Identification Number _____ and Federal Identification Number _____ – _____, do hereby authorize and request the Department of Revenue, State of Missouri, to release the confidential employer withholding tax records pertaining to the above specified account for all tax reporting periods relating to participation in:

- ☐ New Jobs Training Program
- ☐ Job Retention Training Program.

This authorization shall be effective this date and until all of the costs associated with my Job Training Program have been paid in full.

I, specifically authorize release of such information to the Department of Economic Development, Division of Workforce Development.

I, hereby release the director of revenue and department personnel from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of subject information under Section 32.057, RSMo 1978, and supplement thereto, or any other applicable confidentiality statute.

Under penalties of perjury, I declare that I have examined this authorization, and, to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the owner, this declaration is based on all information of which he has any knowledge.

Under the penalties of perjury, I declare that I have the authority to make this request on behalf of _____
_____ (business name).

OWNER/OFFICER SIGNATURE

DATE

PHONE NUMBER

TITLE

PLEASE SEND COMPLETED FORM TO:

**Customer Services Division
P.O. Box 3375
Jefferson City, MO 65105-3375**